



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Receipt  
FILE COPY #5

Attorney Docket No.: **KBI-0003**  
Inventors: **RANGANATHAN ET AL.**  
Serial No.: **09/557,011**  
Filing Date: **APRIL 20, 2000**  
Examiner: **NOT YET ASSIGNED**  
Group Art Unit: **1646**  
Title: **COMPOSITIONS AND METHODS FOR  
ALLEVIATING SYMPTOMS OF UREMIA  
IN PATIENTS**

I, Jane Massey Licata, Registration No. 32,257, certify that this correspondence is being deposited with the U.S. Postal Service as First Class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

On this date: August 8, 2000

Jane Massey Licata  
Jane Massey Licata, Registration No. 32,257

Assistant Commissioner for  
Patents  
Washington, D.C. 20231

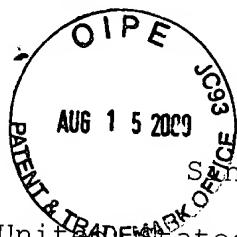
Dear Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

Enclosed for your information is a copy of the Filing Receipt issued by the PTO with respect to the above-identified application. You will note that the following items require correction:

In the **Independent Claims**:

Please delete "3" and insert therefor --2--.



Since this appears to be an error on the part of the United States Patent and Trademark Office, it is respectfully requested that a corrected filing receipt be issued in this case.

Respectfully submitted,

Jane Massey Licata  
Jane Massey Licata  
Registration No. 32,257

Date: August 8, 2000

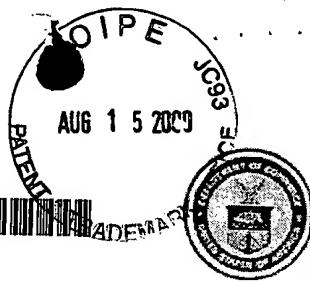
Law Offices of  
Jane Massey Licata  
66 E. Main Street  
Marlton, New Jersey 08053

(856) 810-1515

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JUL 05 2000

FILING RECEIPT

\*OC00000005212932\*



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Address: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/557,011	04/20/2000	1646	345	KBI-0003	-	7	3

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OCT 04 2000

Date Mailed: 06/30/2000

TECH CENTER 1600/2900

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Natarajan Ranganathan, Broomall, PA ;  
Jack Dickstein, Huntingdon Valley, PA ;

**Continuing Data as Claimed by Applicant**

THIS APPLN CLAIMS BENEFIT OF 60/131,774 04/30/1999

**Foreign Applications**

**If Required, Foreign Filing License Granted 06/29/2000**

**\*\* SMALL ENTITY \*\***

**Title**

Compositions and methods for alleviating symptoms of uremia in patients

**Preliminary Class**

514

**Data entry by : MOLLISH, CHRISTINE**

**Team : OIPE**

**Date: 06/30/2000**





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Bib Data Sheet

OCT 04 2000

SERIAL NUMBER 09/557,011	FILING DATE 04/20/2000 RULE	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 6/29/2000 TECH CENTER 1646 KBI-0003
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**APPLICANTS**

Natarajan Ranganathan, Broomall, PA ;  
Jack Dickstein, Huntingdon Valley, PA ;

*PP*

\*\* CONTINUING DATA \*\*\*\*\*  
THIS APPLN CLAIMS BENEFIT OF 60/131,774 04/30/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *PP (none)*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 06/29/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING -	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

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**TITLE**

Compositions and methods for alleviating symptoms of uremia in patients

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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